

Please type a plus sign (+) inside this box -> +

DESIGN

PATENT APPLICATION

(37 CFR 1.63)

OR

☑ Declaration

required)

Filing (surcharge (37 CFR 1.16 (e)) PTO/SB/01 (12-97)

PTO/SB/01 (12-97)

Approved for use through 9/30/00 CMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid CMB control number

□ Declaration

Submitted

with Initial

Filing

Attorney Docket Number NIDN-10430 **DECLARATION FOR UTILITY OR** Kuiseth First Named Inventor COMPLETE IF KNOWN 10 /052,299 Application Number 18-Jan-2002 Filing Date To be assigned Submitted after Initial Group Art Unit Examiner Name To be assigned

As a below named inver	ntor, I hereby declare that:				
My residence, post office	address, and citizenship are	as stated below next to m	y name.		
	, first and sole inventor (if onli of the subject matter which is			rst and joint inventor (if plural the invention entitled:	
Method for the	Identification of	a Receptor			i
the specification of which is attached hereto OR	(770	le of the Invention)			
was filed on (MM/I	01/18/200	as Unite	ed States Applicat	ion Number or PCT Internation	nai
Application Number 10/	052,299 and w	ras amended on (MM/DD/Y	~~n	(if applicabl	le).
	eviewed and understand the		tified specification	n, including the claims, as	
,	disclose information which is		defined in 37 CF	R 1.56.	
certificate, or 365(a) of any America, listed below and ha	PCT international application	on which designated at leachecking the box, any fore	ast one country of ligh application to	ation(s) for patent or inventor other than the United States or patent or inventor's certificate or its claimed.	of
Prior Foreign Application	Country	Foreign Filing Date	Priority Not Claimed	Certified Copy Attached?	
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO	\dashv
9917111.8	Great Britain	07/21/1999			
Additional foreign application	ation numbers are listed on a	supplemental priority data	sheet PTO/SB/0	2B attached hereto:	
I hereby claim the benefit i	under 35 U.S.C. 119(e) of an	y United States provisional	l application(s) lis	ted below.	
Application Number	r(s) Filing Date	e (MM/DD/YYYY)			
60/146,865	08/03/199		numbe supple	onal provisional application ers are listed on a mental priority data sheet B/02B attached hereto.	
	1				

[Page 1 of 2]

Burden Hour Statement. This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED. FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

United States of Amer United States or PCT li information which is m	efit under 35 U.S.C. 120 ica, listed below and, ins international application in aterial to patentability as T international filing date	sofar as the sui in the manner pr idefined in 37 (bject matte ovided by t CFR 1.56 v	r of eac he first p	n of the d aragraph	claims of thi i of 35 U.S.C	s application : C. 112, Lackno	s not disc wledge th	closed in the prior le duty to disclose
U.S. Par	ent Application or Number	PCT Paren	t		ent Fili M/DD/\	ng Date YYYY)	Par		ent Number licable)
This applicat	ion is a continu 00245	uation of		07/:	20/200	00			
Additional U.S. or	PCT international applica	tion numbers a	re listed on	a supple	emental p	riority data s	heet PTO/SB	/028 attac	hed hereto.
As a named inventor, I hand Trademark Office of	nereby appoint the follow onnected therewith:	ing registered p Customer Num OR	nber 2284	s) to pro : 1()	secute the	s applica	22940	Numbe	ness in the Paten Customer or Bar Code
	<u>L</u>	Registered pra	trationer(s)	name/re	gistration				Registration
Nam	e .		tration nber			Name	& TRADEMARK	OFFICE	Number
Additional registere	d practitioner(s) named o	n supplemental	l Registere	d Practiti	oner Info	rmation shee	et PTO/SB/020	Cattached	d hereto.
Direct all correspond		ner Number Code Label	2284	40		OR [Corresp	ondence	address below
Name						 			
Address									
Address									
City				Sta	te		ZIP		
Country		Telephor	ne				Fax		
believed to be true; and	If statements made here d further that these state apprisonment, or both, ur t issued thereon.	ements were in	nade with t	he know	ledge tha	at willful fals	e statements	and the I	ike so made are
Name of Sole or I	First Inventor:			□ A	petition l	has been f	iled for this u	ınsıgned	inventor
Given Nar	me (first and middle fit	anyl)		<u> </u>		Family	Name or Su	mame	
Mari Ann	l			Ku	Iseth				
inventor's Signature	Man on	n de	لاعل	the				Date	05.030
Residence: City	' '	State		Cou	ntry	NO		Citizens	ship NO
Post Office Address	Nycoveien	1-2							
Post Office Address	Oslo Nor	way N	-040	1					
City	State		ZIP				Country		
Additional invento	ors are being named o	n the 1 su	pplement	al Addit	ional Inv	entor(s) st	neet(s) PTO/	SB/02A	attached hereto

PTO/SB/02A (3-97)

Please type a plus sign (+) inside this box →

valid CMB control number

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Addition	nal Joint Inventor, if an	y:		A petit	on has been	filed for th	is unsigned	inventor	
Given Name (first and middle [if any])				Family Name or Surname					
Dagfinn				Lovhaug					
Inventor's Signature	Different &	lerbic				_	Date	5 March	
Residence: City	/*	State		Country	NO		Citizenship	NO	
Post Office Address	Nycoveien 1-2	2							
Post Office Address	Oslo Norway	N-0	401						
City		State		ZIP		Country	,		
Name of Addition	al Joint Inventor, if an	y:]	A petiti	on has been f	iled for the	is unsigned i	nventor	
Given Nan	ne (first and middle [if any])			Family Name or Surname					
Aslak				Godal					
Inventor's Signature	Thatelown	1					Date	1. Mar	
Residence: City		State		Country	NO		Citizenship	NO	
Post Office Address	Gaustadveie	n 77							
Post Office Address	Oslo Norway	N-037	72	-					
City		State		ZIP		Coun	try		
Name of Addition	al Joint Inventor, if any	y:	[A petiti	on has been f	iled for the	s unsigned	nventor	
Given Name (first and middle [if any])			Family Name or Surname						
Inventor's Signature							Date		
Residence: City		State		Country			Citizenship	,	
Post Office Address									
Post Office Address									
					1		1		

Burden Hour Statement. This form is estimated to take 0.4 hours to complete. Time will vary beginding upon the needs of the individual base. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office Washington, DC 20031. DO NOT SEND FEES OR COMPLETED. FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents. Washington, DC 20031.

State